



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

RPR (Rapid Plasma Reagin)—Syphilis

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none">• Whole, clotted blood• Serum
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none">• Red-stoppered vacuum tube (whole blood)• Sterile, plastic screw capped vial (serum).
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient or on cold packs if >48hrs from collection.
Laboratory Section Performing Testing	Serology
Lab Location(s) Performing Test	Nashville; Knoxville; Memphis

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).